

**CHILDREN'S HEALTH**  
1935 Medical District Drive, B1.06  
Dallas, Texas 75235  
Phone: (214) 456-2320, option 1  
Fax: (214) 456-4713

CLIA ID#: 45D0481024  
CAP#: 2070801  
Patti Jones, PhD, DABCC, Director  
Jing Cao, PhD, DABCC, Director  
Dinesh Rakheja, MD, Div. Director

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EX0106-001NS

Rev. 7/2023

**Metabolics and  
Mass Spectrometry Requisition**

Patient Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_

**OR PLACE PATIENT STICKER HERE**

Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_

**SAMPLE INFORMATION**

Date of Collection: \_\_\_\_\_

☐ Serum / Plasma ☐ Whole / Blood

Specimen Accession Number: \_\_\_\_\_

☐ Urine ☐ Bone Marrow

Hospital Medical Record Number: \_\_\_\_\_

☐ Specify: \_\_\_\_\_

**BILLING INFORMATION**

Referring Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**INDICATION FOR STUDY**

☐ Symptomatic

☐ Asymptomatic

Summarize History:

Other Relevant Information: (Newborn Screening Results)

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Jing Cao, PhD, DABCC, Assoc Director

Dinesh Rakheja, MD

CLIA ID#: 45D0481024 CAP #:2070801

**SHIP TO:****Metabolics and Mass Spectrometry****Children's Health****1935 Medical District Drive Mail Stop B1.06****Dallas, Texas 75235****\*LABMISC\***

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Rev. 7/2023

**Metabolics and  
Mass Spectrometry Requisition**Patient Name: \_\_\_\_\_  
(Last) (First) (Middle)**CHEMISTRY AND METABOLICS**

<i>Description</i>		<i>Description</i>	
<input type="checkbox"/>	2 - hydroxyglutaric Acid (D., L, total)	<input type="checkbox"/>	Comprehensive Drug Screen
<input type="checkbox"/>	17-Hydroxyprogesterone	<input type="checkbox"/>	HVA, Homovanillic acid
<input type="checkbox"/>	Acylcarnitine	<input type="checkbox"/>	Organic Acid
<input type="checkbox"/>	Amino Acid, Quantitive	<input type="checkbox"/>	Pentobarbital
<input type="checkbox"/>	Androstenedione	<input type="checkbox"/>	Testosterone, total
<input type="checkbox"/>	Carnitine, free and total	<input type="checkbox"/>	VMA, Vanillylmandelic acid
<input type="checkbox"/>	Itraconazole / Hydroxy-Itraconazole	<input type="checkbox"/>	Voriconazole
<input type="checkbox"/>	Posaconazole	<input type="checkbox"/>	Miscellaneous: _____
<input type="checkbox"/>	MMP-7 1 mL Red / Gold Top Serum Tube Spun, separated, and frozen within 2 hrs of collection. Ship on dry ice	<input type="checkbox"/>	

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## Metabolics and Mass Spectrometry Requisition

### SAMPLE REQUIREMENTS

TEST	Sample Type	Collection Container
2-hydroxyglutaric acid	Whole blood, serum, plasma, bone marrow aspirate	Red top, purple top, green top
17-hydroxyprogesterone	Serum	Red top
Acylcarnitine analysis	Plasma / serum	Green top, red top
Amino acid analysis	Plasma / serum	Green top, red top
Androstenedione	Serum	Red top
Carnitine, free and total	Plasma / serum	Green top, red top
Comprehensive toxicology screen	Random urine, 1 mL	Plastic container
HVA, Homovanillic acid	Random urine, 10mL (5mL min)	Plastic container
Itraconazole / Hydroxy-itraconazole	Plasma / serum	Green top, red top
Organic Acid analysis	Random urine, >3 mL	Plastic container
Pentobarbital	Plasma / serum	Green top, red top
Posaconazole	Plasma / serum	Green top, red top
Testosterone, total	Serum	Red top
VMA, Vanillylmandelic acid	Random urine, 10mL (5mL min)	Plastic container
Voriconazole	Plasma / serum	Green top, red top
MMP-7	Serum, 1 mL (spun, separated, and frozen within 2 hrs of collection. Ship on dry ice.)	Red, gold top

*Samples should be stored frozen except for whole blood samples, which should be refrigerated.*